



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

BASSETT SURGERY CENTER
6211 EDGEMERE SUITE 2
EL PASO TX 79925

Respondent Name

CHARTER OAK FIRE INSURANCE CO

Carrier's Austin Representative Box

Box Number 05

MFDR Tracking Number

M4-11-3692-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "According to the explanation of benefits the procedure was denied because there is no ASC group associated with procedure 64450. The x-ray billed with CPT code 72100-TC was not allowed as it was determined the payment for this service was included in the allowance for another. We disagree with this determination."

Amount in Dispute: \$159.55

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Provider submitted billing for the facility fee related to epidural steroid injections. The Provider billed multiple CPT codes, which the Carrier reviewed and reimbursed." "The Carrier denied reimbursement for the two CPT codes at issue, as they were included in the reimbursement for the primary procedure, CPT code 64483."

Response Submitted by: Travelers, 1501 S. Mopac Expwy. Suite A-320, Austin, TX 78746

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 31, 2010	ASC Services for Code 64450-SG-59	\$102.95	\$70.25
	ASC Services for Code 72100-TC	\$56.60	\$37.34
TOTAL		\$159.55	\$107.59

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.402, titled *Ambulatory Surgical Center Fee Guideline*, effective August 31, 2008, sets out the reimbursement guidelines for ambulatory surgical care services.
3. 28 Texas Administrative Code §134.203, titled *Medical Fee Guideline for Professional Services*, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
Explanation of benefits dated October 8, 2010
 - T098-B7-The provider was not certified/eligible to be paid for this procedure/service on this date of service. Payment is denied. No ASC group is associated with this procedure.
Explanation of benefits dated May 27, 2011
 - Z014-97-Payment is included in the allowance for another service/procedure. This procedure is considered integral to the primary procedure billed.
 - T098-B7-The provider was not certified/eligible to be paid for this procedure/service on this date of service. Payment is denied. No ASC group is associated with this procedure.

Issues

1. Did the respondent support position that code 64450-SG-59 is included in the allowance of code 64483?
2. Did the requestor support position that reimbursement is due for ASC services for code 64450-SG-59? Is the requestor entitled to reimbursement?
3. Did the requestor support position that reimbursement is due for ASC services for code 72100-TC?

Findings

1. The respondent denied reimbursement for code 64450-SG-59 based upon "Z014-97-Payment is included in the allowance for another service/procedure. This procedure is considered integral to the primary procedure billed". Per NCCI Edits, code 64450-SG-59 is not included in code 64483. The respondent's denial of code 64450 is not supported.
2. According to the explanation of benefits, the carrier denied payment for HCPCS code 64450-SG-59 based upon "T098-B7-The provider was not certified/eligible to be paid for this procedure/service on this date of service. Payment is denied. No ASC group is associated with this procedure

HCPCS code 64450 is defined as "Injection, anesthetic agent; other peripheral nerve or branch".

A review of Medicare's Addendum AA reveals that HCPCS code 64450 has a payment indicator of P3.

According to Medicare's Addendum DD1, ASC payment indicator P3 is defined as "Office-based surgical procedure added to ASC list in CY 2008 or later with MPFS nonfacility PE RVUs; payment based on MPFS nonfacility PE RVUs."

Therefore, HCPCS code 64450 has a payment indicator of P3.

28 Texas Administrative Code §134.402(d) states " For coding, billing, and reporting, of facility services covered in this rule, Texas workers' compensation system participants shall apply the Medicare payment policies in effect on the date a service is provided with any additions or exceptions specified in this section."

28 Texas Administrative Code §134.402(f)(1)(A) states "The reimbursement calculation used for establishing the MAR shall be the Medicare ASC reimbursement amount determined by applying the most recently adopted and effective Medicare Payment System Policies for Services Furnished in Ambulatory Surgical Centers and Outpatient Prospective Payment System reimbursement formula and factors as published annually in the *Federal Register*. Reimbursement shall be based on the fully implemented payment amount as in ADDENDUM AA, ASC COVERED SURGICAL PROCEDURES FOR CY 2008, published in the November 27, 2007 publication of the *Federal Register*, or its successor. The following minimal modifications apply: (1) Reimbursement for non-device intensive procedures shall be: (A) The Medicare ASC facility reimbursement amount multiplied by 235 percent."

Per Addendum AA, code 64450 does not have a fully implemented weight assigned to it; therefore, this code is applicable to Division rule at 28 TAC §134.402(h).

28 Texas Administrative Code §134.402(h) states "For medical services provided in an ASC, but not addressed in the Medicare payment policies as outlined in subsection (f) of this section, and for which Medicare reimburses using other Medicare fee schedules, reimbursement shall be made using the applicable Division Fee Guideline in effect for that service on the date the service was provided."

Per 28 Texas Administrative Code §134.203, the MAR for HCPCS code 64450 rendered in El Paso, is \$140.51. This code is subject to multiple procedure discounting; therefore, $\$140.51 \times 50\% = \70.25 . The insurance carrier paid \$0.00. The difference between the amount due and the amount paid is \$70.25; this amount is recommended for reimbursement.

3. HCPCS code 72100 is defined as “Radiologic examination, spine, lumbosacral; 2 or 3 views”.

A review of Medicare’s Addendum AA reveals that HCPCS code 72100 has a payment indicator of Z3.

According to Medicare’s Addendum DD1, ASC payment indicator Z3 is defined as “Radiology services paid separately when provided integral to a surgical procedure on ASC list; payment based on MPFS nonfacility PE RVUs.”

Per 28 Texas Administrative Code §134.203, the MAR for HCPCS code 72100 rendered in El Paso, is \$37.34. This code is not subject to multiple procedure discounting; therefore, the total allowable is \$37.34. The insurance carrier paid \$0.00. The difference between the amount due and the amount paid is \$37.34; this amount is recommended for reimbursement.

Conclusion

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, the Division concludes that the requestor has supported its position that reimbursement is due. As a result, the amount ordered is \$107.59.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$107.59 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

4/19/2012
Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefieres hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.